

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

RECEIVED

2020 JUN 18 AM 10:13

THOMAS M. COULD
CLERK, U.S. DISTRICT COURT
TNWD OF TN MEMPHIS

RICKY ANDERSON

#9120017

(Enter above the full name of the plaintiff
or plaintiffs in this action.)

vs.

STATE OF TENNESSEE
SHERIFF FLOYD BONNER JR. OF SHELBY COUNTY TENNESSEE
WELLPATH (HEALTHCARE) PROVIDER FOR SHELBY COUNTY JUSTICE COM

(Enter above the full name of the defendant
or defendants in this action.)

OFFICER V. BROWN
OFFICER L. AUSTIN
OFFICER K. PERKINS 7788
LT. CATO

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C., §1983

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (✓)
- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs:

Defendants:

NA

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

NA

II. Place of Present Confinement: Shelby County Justice Complex

A. Is there a prisoner grievance procedure in the institution?

Yes (☒) No (☐)

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes (☒) No (☐)

C. If your answer is Yes:

1. What steps did you take? all appeals process with grievance; except my tooth issue.

2. What was the result? nil results, as to why I halted with that process about my tooth.

D. If your answer is No, explain why not:

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff RICKY ANDERSON

Address 201 POPLAR AVE. MEMPHIS, TN. 38103 SCTC

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of an additional defendants.)

B. Defendant SHERIFF FLOYD BONNER JR. is employed as

SHERIFF OF SHELBY COUNTY

at SHELBY COUNTY JUSTICE COMPLEX

C. Additional Defendants: WELPATK HEALTHCARE PROVIDER,

OFF. V. BROWN — OFF. L. AUSTIN — OFF. K. PERKINS

LT. CATO ALL EMPLOYEES OF THE Shelby County Justice Complex

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.

EXHIBIT A shows my initial attempt to have the incident reported. IT DOESN'T HAVE THE OFFICERS' NAME which I didn't know; though the date and time of incident could clearly reveal who the officer was; which cause the disposition non-grievable. THE [REDACTED] NEXT DAY OR SO, I filled out a sick call request. SOON THERE AFTER 6 DAYS LATER IS WHEN THE GRIEVANCE WAS RETURNED. I REWROTE THE GRIEVANCE EXHIBIT B. with the officer V. BROWN NAME INSERTED. HER PLACING HER STROBE LIGHT SETTING DIRECTLY CLOSE UPON MY EYE IS WHY I HAVE PROBLEMS.

EXHIBIT C-1~~9~~ is the first and only responses to the incident; dated 12-30-19. In the body of the response LT. CATO along with OFF. L Austin failed to ascertain the footage of the incident at the time I reported her actions. The body of the response is fictitious, the ~~surveillance~~ surveillance footage could affirm the true action, as it really happened; though LT. CATO claimed the footage was unavailable, due to a "37 day" time limit. On 1-8-20, being a detainee in segregation in unit 1-D-14, is when I received the response from OFF. SCHAFF, long after the policies regulations; months had passed before I finally received EXHIBIT D, when I was a detainee in segregation again housed in unit 1-C-4, as it reads on the back on 3-9-20. I had seen a nurse by this time and she order eye drops, and informed me that I would be scheduled to see an eye doctor. Upon leaving segregation again I never received an opinion about the condition of my eye, and never seen an eye doctor. I placed a request on the kiosk machine on 3-27-2020 a second time; a response was given on 3-28-2020 stating the I have been referred to the sick call nurse. EXHIBIT E showed my attempt to file a grievance on 3-9-20; though Officer K. Perkins returned it NON-GRIEVABLE on 3-10-20.

My first attempt to have my tooth pulled was on 10-28-19 time 16:45:50 quote "GOOD EVENING I HAVE A MOLAR IN MY MOUTH THAT NEEDS TO BE PULLED PLEASE A.S.A.P"

RESPONSE: quote "WE RECEIVED YOUR REQUEST"

My second attempt: 2-18-2020 : 9:12:32

quote "BEEN WAITING TOO LONG TO HAVE MY TOOTH PULLED"

RESPONSE.: 2-19-2020

quote "YOU HAVE BEEN REFERRED TO THE SICK CALL NURSE"

My third attempt: 3-19-20

I attempted to have my tooth pulled by the dentist; due to me having pins and rods in my arm (left), I was given amoxicillin pills, to curb any activity that may be active in my arm. was scheduled to return 2 days later.

THE NEXT DAY 3-20-2020, I WAS INFORMED BY AN OFF. BASS THAT I WAS STILL SCHEDULED FOR THE PROCEDURE.

3-23-2020 TOOTH PAIN BACK

My 4th attempt 3-27-2020 9:42:35

QUOTE: "Hello, and blessings unto you.... seems as though I've been put off schedule to have my tooth pulled I suppose... I've already signed payment paid; and took the medicine, ... may have to take those again But I'm ready, and more courageous now, thank you so much.

Response: 3-28-2020

QUOTE: "you have been referred to the sick call nurse.

My broken molar still remains in my mouth. when it pains, I rinse with hot salt water.

EXHIBIT A

LL-D8

G- 490902

**SHELBY COUNTY SHERIFF'S OFFICE
JAIL DIVISION
INMATE GRIEVANCE FORM**

INMATE'S NAME: (Print name)		R&I NUMBER	BOOKING #
Ricky Anderson		HOUSING UNIT: LL-D-8	19120017
DATE OF OCCURRENCE		11-20-19	
<input checked="" type="checkbox"/> LINE GRIEVANCE	<input type="checkbox"/> MEDICAL GRIEVANCE	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> EMERGENCY
Use if not medical, confidential or emergency. Medical co-pay issues are line grievances.	Use if you feel that there was lack of medical care inadequate medical care of improper medical care and it is not an emergency.	Use if you feel a member of the jail staff has committed a criminal or illegal act.	Use if there is immediate threat or bodily harm to inmate or jail staff or there is threat of disruption to jail.

GRIEVANCE STATEMENT: Provide specific information regarding issue. Specify dates, personnel involved, etc.

At approximately 12:45 AM. Officer [Name] came to my cell during her routine check. Stop at my cell; placed the flashing of her flashlight directly in my face twice. After I asked her to remove her flashing light out of my face, she begin to swear and curse me; a very rude and unprofessional job performance so late in the morning. I asked to see her superior officer and she refused to comply.

INMATE'S SIGNATURE

Ricky Anderson

TODAY'S DATE:

11-20-19

FOR OFFICIAL USE ONLY BELOW THIS LINE

DATE RECEIVED:

11/22/2019

COORDINATOR:

J. Austin

DISPOSITION CODE:

XI

DATE:

11/22/2019

G - GRIEVABLE: Meets policy requirements to be investigated.

N - NONGRIEVABLE: Does not meet policy requirements to be investigated.

REASON:

Officer [Name] Not Naming the Officer you say that I flash the light

G- 491860

SHELBY COUNTY SHERIFF'S OFFICE
JAIL DIVISION
INMATE GRIEVANCE FORM

INMATE'S NAME: (Print name) <i>except my tooth</i> WICK, ANDERSON		R&I NUMBER ISSUE.	BOOKING # 19120017
HOUSING UNIT: <i>with unit + 4602-8 about my</i>		DATE OF OCCURRENCE 11-20-19	
<input checked="" type="checkbox"/> LINE GRIEVANCE Use if not medical, confidential or emergency. Medical co-pay issues are line grievances.	<input type="checkbox"/> MEDICAL GRIEVANCE Use if you feel that there was lack of medical care inadequate medical care of improper medical care and it is not an emergency.	<input type="checkbox"/> CONFIDENTIAL Use if you feel a member of the jail staff has committed a criminal or illegal act.	<input type="checkbox"/> EMERGENCY Use if there is immediate threat or bodily harm to inmate or jail staff or there is threat of disruption to jail.

GRIEVANCE STATEMENT: Provide specific information regarding issue. Specify dates, personnel involved, etc.

G-491860 is a rewrite of G-490902

At approximately 12:45 am "Off. Brown" 3 shift came to my cell during her routine check; stopped at my cell and placed her shoe setting off her flashing directly in my eyes, twice. (and it still seems that I'm having a problem reading small print.) After I asked her to remove her flashing light out of my face, she began to swear and curse me loudly with the Pod causing a disturbance; a very rude and unprofessional job performance as late in the morning. I asked to see her supervisor and she refused to comply.

And actions can be reviewed from CCTV camera footage

INMATE'S SIGNATURE *Wick Anderson* TODAY'S DATE: **11-26-19**

FOR OFFICIAL USE ONLY BELOW THIS LINE

DATE RECEIVED: **11/27/19** COORDINATOR: *Woods*

DISPOSITION CODE: **4** *Off. M.G. Brown* DATE: **11-27-19**

G - GRIEVABLE: Meets policy requirements to be investigated.

N - NONGRIEVABLE: Does not meet policy requirements to be investigated.

REASON:

SHELBY COUNTY SHERIFF'S OFFICE

JAIL DIVISION MANUAL

SHELBY COUNTY SHERIFF'S OFFICE
INMATE GRIEVANCE FORM

INMATE'S NAME: (Print name)	R&I NUMBER	GRIEVANCE #
<i>Ricky Anderson</i>	<i>133830</i>	<i>491860</i>
RESPONSE TO GRIEVANCE:	HOUSING UNIT:	DATE FILED:
<i>Handled with intake process about my rights.</i>	<i>1D-14</i>	<i>1/20/20</i>
RESPONSE STAFF'S SIGNATURE:		
<i>[Signature]</i>		
AGREE WITH RESPONSE:	INMATE'S SIGNATURE:	DATE:
<input checked="" type="checkbox"/>	<i>Ricky Anderson</i>	<i>1/20/20</i>
APPEAL TO LEVEL 2:	INMATE'S SIGNATURE:	DATE:
<input checked="" type="checkbox"/>	<i>Ricky Anderson</i>	<i>1/20/20</i>
REASON FOR APPEAL:		
<i>When I ever writ the response Officer Brown is absolutely the reason my eye is irritated. That fact she can't deny placing her smoke light in my eyes.</i>		
LEVEL 2 RESPONSE:	APPEAL UPHELD	APPEAL DENIED
GRIEVANCE COORDINATOR SUPERVISOR SIGNATURE:		
<i>[Signature]</i>		
AGREE WITH RESPONSE:	INMATE'S SIGNATURE:	DATE:
<input checked="" type="checkbox"/>	<i>[Signature]</i>	
APPEAL TO LEVEL 3:	INMATE'S SIGNATURE:	DATE:
<input checked="" type="checkbox"/>	<i>[Signature]</i>	
REASON FOR APPEAL:		
<i>Off. M. Brown</i>		
LEVEL 3 RESPONSE:	APPEAL UPHELD	APPEAL DENIED
ASSISTANT CHIEF'S SIGNATURE:		
<i>[Signature]</i>		

EXHIBIT 2

Shelby County Sheriff's Office

PERKINS 7788

Sheriff Floyd Bonner, Jr. 201 Poplar Avenue Memphis, Tennessee 38103 (901)222-5500D

From: Inmate Grievance Department

To: Ricky Anderson

Booking#19120017

Date: December 30, 2019

Grievance #G491860

1-8-20
1-10-14/10:10
CO. SCAFFE

INMATE GRIEVANCE/INVESTIGATION RESPONSE LETTER

Sir:

This letter serves as an official response to your grievance.

Lt. Cato responded to your grievance and stated:

She contacted surveillance Officer Austin on 12-27-2019 and asked for the footage on 11-20-2019 and was informed that it couldn't be seen due to it being thirty seven days. She also checked the OMSE and saw that your booking number was written up (sanctioned) by Officer V. Brown on 11-20-2019 for cell light violations (for refusing to uncover your light.) The incident report also states you called her a bitch, told her to get away from your door and you started kicking the cell door as you yelled out the pod. She informed you that you were sanctioned for your actions and will receive no recreation.

Inmate Signature _____ Date _____

MISSION: We, the Shelby County Criminal Justice Center, will by employing sound correction practices, provide a safe and humane environment for both staff and inmates in which public safety is emphasized and integrity in words and actions is practiced:



7288
C.C. Perkins instructed me to sign ^{the} investigation response letter. Upon me refusing to adhere to his request to sign, he refused me the appeal process papers which had attached to it a copy of the investigation response letter.

SHELBY COUNTY SHERIFF'S OFFICE

JAIL DIVISION MANUAL

SHELBY COUNTY SHERIFF'S OFFICE
INMATE GRIEVANCE FORM

INMATE'S NAME: (Print name)	R&I NUMBER	GRIEVANCE #
<i>Ricky Anderson</i>	<i>133830</i>	<i>44/860</i>
	HOUSING UNIT:	DATE FILED:
	<i>12-14</i>	<i>1/20/20</i>

RESPONSE TO GRIEVANCE:

RESPONSE STAFF'S SIGNATURE:

AGREE WITH RESPONSE: ☒ INMATE'S SIGNATURE: *Ricky Anderson* DATE: *1/20/20*

APPEAL TO LEVEL 2: ☒ INMATE'S SIGNATURE: *Ricky Anderson* DATE: *1/20/20*

REASON FOR APPEAL:

To whom ever writ the response letter I received, Charles the statements made are false. Officer Brown is absolutely the reason my eye is irritated in. That fact she can't deny placing her strobe light in my eyes.

LEVEL 2 RESPONSE:

APPEAL UPHELD

APPEAL DENIED

GRIEVANCE COORDINATOR SUPERVISOR SIGNATURE:

AGREE WITH RESPONSE: ☒ INMATE'S SIGNATURE: *Ricky Anderson* DATE: *3-4-20*

APPEAL TO LEVEL 3: ☒ INMATE'S SIGNATURE: *Ricky Anderson* DATE: *3-4-20*

REASON FOR APPEAL:

I have been denied treatment for the ailment of my eye because of M. Brown and this jail administration. When is this incident being deliterately looked over. When will I receive medical help?

LEVEL 3 RESPONSE:

APPEAL UPHELD

APPEAL DENIED

ASSISTANT CHIEF'S SIGNATURE: _____

DATE: ____/____/____

EXHIBIT E

G- 496859

RECEIVED
2020 MAR 10 AM 9:04
SHELBY COUNTY SHERIFF'S OFFICE
JAIL DIVISION
INMATE GRIEVANCE FORM

INMATE'S NAME: (Print name) <i>Ricky Anderson</i>		R&I NUMBER	BOOKING # <i>19120017</i>
		HOUSING UNIT: <i>1-D-4</i>	DATE OF OCCURRENCE <i>3-9-20</i>
<input type="checkbox"/> LINE GRIEVANCE Use if not medical, confidential or emergency. Medical co-pay issues are line grievances.	<input checked="" type="checkbox"/> MEDICAL GRIEVANCE Use if you feel that there was lack of medical care inadequate medical care of improper medical care and it is not an emergency.	<input type="checkbox"/> CONFIDENTIAL Use if you feel a member of the jail staff has committed a criminal or illegal act.	<input type="checkbox"/> EMERGENCY Use if there is immediate threat of bodily harm to inmate or jail staff or there is threat of disruption to jail.

GRIEVANCE STATEMENT: Provide specific information regarding issue. Specify dates, personnel involved, etc.

I have made a few attempts to further assistance to see about the condition of my eye. I was given artificial tears though still no positive results. Upon coming to this unit the dress were left with my property; and not having those dress, I can tell theres still something wrong with my eye. I've been scheduled to see an outside doctor for evaluation, though that hasn't taken place as of 2 months now. I'm still needing that outside opinion, something is that matter with my eye.

INMATE'S SIGNATURE <i>Ricky Anderson</i>	TODAY'S DATE: <i>3-9-20</i>
FOR OFFICIAL USE ONLY BELOW THIS LINE	

DATE RECEIVED: <i>3/10/20</i>	COORDINATOR: <i>W. Perkins</i>
DISPOSITION CODE: <i>N</i>	DATE: <i>3-10-20</i>

G - GRIEVABLE: Meets policy requirements to be investigated.

N - NONGRIEVABLE: Does not meet policy requirements to be investigated.

REASON: *Sir you must complete a sick call to inquire about your medical issue.*

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.

Cite no cases or statutes.

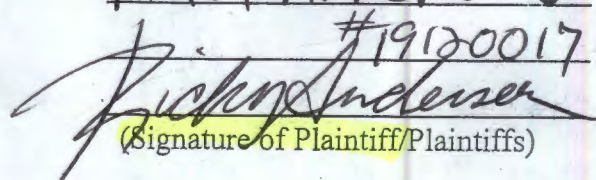
I KNOW THERE'S DAMAGES TO MY LEFT EYE, I STILL
NEED TO SEE AN EYE DOCTOR, WHATEVER PUNITIVE
DAMAGES I HAVE COULD BE DETERMINED AFTERWARDS
AND ALSO FOR MEDICAL NEGLIGENCE \$100,000 USD
PAIN AND SUFFERING, I'M SEEKING COMPENSATION IN THE
AMOUNT OF \$100,000 USD FOR MY EYE; and
\$1,000 each day my molar tooth well PAIN neglected
to pull from my mouth.
THE MENTAL ANGUISH & SUFFER CAN'T BE MEASURED
I ASK FOR THE AMOUNT OF \$100,000 USD FOR COMPENSATION,
TO START, and there after ANY DAMAGES THE COURT SEE.

VI. Jury Demand

I would like to have my case tried by a jury. Yes ☒ No ☐.

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our information, knowledge, and belief.

Signed this 15 day of JUNE, 2020.

RICKY ANDERSON
#19120017

(Signature of Plaintiff/Plaintiffs)